



## Certificate of Need Program

# APPLICANT IDENTIFICATION AND CERTIFICATION

The information provided must match the **Letter of Intent** for this project, without exception.

### 1. Project Location (Attach additional pages as necessary to identify multiple project sites.)

Title of Proposed Project <b>Garden Villas of O'Fallon</b>	Project Number <b>5217 RS</b>
Project Address <small>(Street/City/State/Zip Code)</small> <b>7092 South Outer 364 Road O'Fallon, MO 63368</b>	County <b>St. Charles</b>

### 2. Applicant Identification (Information must agree with previously submitted Letter of Intent.)

List All Owner(s): <small>(List corporate entity.)</small>	Address <small>(Street/City/State/Zip Code)</small>	Telephone Number
Garden Villas of O'Fallon Real Estate, LLC	14805 N. Outer 40 Road, Suite 300, Chesterfield, MO 63017	636-733-7000
<small>(List entity to be licensed or certified.)</small>		
List All Operator(s):	Address <small>(Street/City/State/Zip Code)</small>	Telephone Number
Garden Villas of O'Fallon, LLC	14805 N. Outer 40 Road, Suite 300, Chesterfield, MO 63017	636-733-7000

### 3. Ownership (Check applicable category.)

- |  |                                      |                                 |  |
|--|--------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Individual  | <input type="checkbox"/> City   | <input type="checkbox"/> District                    |
| <input type="checkbox"/> Partnership           | <input type="checkbox"/> Corporation | <input type="checkbox"/> County | <input checked="" type="checkbox"/> Other <u>LLC</u> |

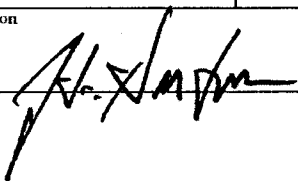
### 4. Certification

In submitting this project application, the applicant understands that:

- (A) The review will be made as to the community need for the proposed beds or equipment in this application;
- (B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within the service area;
- (C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;
- (D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months;
- (E) Notification will be provided to the CON Program staff if and when the project is abandoned; and
- (F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.

We certify the information and date in this application as accurate to the best of our knowledge and belief by our representative's signature below:

### 5. Authorized Contact Person (Attach a Contact Person Correction Form if different from the Letter of Intent.)

Name of Contact Person <b>Jonathan F. Dalton</b>	Title <b>Legal Counsel</b>
Telephone Number <b>314-259-4702</b>	Fax Number <b>314-552-4861</b>
	E-mail Address <b>jdalton@armstrongteasdale.com</b>
Signature of Contact Person 	Date of Signature <b>8-6-15</b>

## Houchins, Karla

**From:** Diane Felix [DFELIX@ArmstrongTeasdale.com]  
**Sent:** Wednesday, August 12, 2015 2:55 PM  
**To:** Houchins, Karla  
**Cc:** Jonathan F. Dalton; Howard Oppenheimer (HOppenheimer@DelmarGardens.com)  
**Subject:** FW: CON Application #5217 RS: Garden Villas of O'Fallon  
**Attachments:** Kadean 8.11.15 ltr re Garden Villas of O\_Fallon construction cost.pdf; #5217RS Attachmt IV-3 Service-Specific Rev. & Exp. Addendum.pdf

Karla,

In response to the questions raised in your email of August 6 to Jon Dalton, please see below:

**1. Explain how the value of the space that would be converted was determined. Provide documentation to support the current value such as a current appraisal of the building.**

There has been no recent appraisal of the portion of the building covered by this application. Because the section that would be converted from independent living to assisted living comprises an entire wing that was recently-built, the value was obtained by using the construction cost for that wing (\$2,200,000) and adding another \$50,000 to cover the estimated cost of furnishings, fixtures and equipment. A copy of a letter from the Kaden Construction Company confirming the construction cost for that wing is attached.

**2. Provide historical utilization for each of the past three years for the existing 65 beds.**

Garden Villas of O'Fallon was licensed/opened in June 2014, so does not have three years of historical utilization.

Following are the occupancy figures for the existing 52 ALF apartments, from June, 2014, through June, 2015.

	2014							2015					
Month	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
# Units Occupied	39	39	38	40	41	38	44	45	46	48	51	52	50
Occupancy %	75%	75%	73%	77%	79%	73%	85%	86%	88%	92%	98%	100%	96%

Some of the apartments shown as vacant in the above numbers are not or were not available for residency, because they are/were reserved with a deposit by someone who has not yet moved in. Also, please note that this information is provided by apartment, rather than by bed, in that some apartments that are licensed for two beds are occupied by a single individual.

**3. Submit a completed Service-Specific Revenues and Expenses form for the latest three years for the existing 65 beds.**

As noted above, Garden Villas of O'Fallon did not open until June, 2014, so the attached revenue and expense form covers only ten months of the first fiscal year, which ended March 31, 2015.

If you have any questions, please let us know.

Diane



**Armstrong  
Teasdale**

Armstrong Teasdale LLP

**Diane E. Felix** | Partner

7700 Forsyth Blvd., Suite 1800, St. Louis, Missouri 63105-1847

DIRECT: 314.342.8001 | FAX: 314.612.2243 | MAIN OFFICE: 314.621.5070 | CELL: 314.706.8001

dfelix@armstrongteasdale.com

[www.armstrongteasdale.com](http://www.armstrongteasdale.com)

**From:** "Houchins, Karla" <[Karla.Houchins@health.mo.gov](mailto:Karla.Houchins@health.mo.gov)>

**Date:** August 6, 2015 at 12:46:43 PM CDT

**To:** "Jonathan F. Dalton" <[JDalton@ArmstrongTeasdale.com](mailto:JDalton@ArmstrongTeasdale.com)>

**Cc:** "Wieberg, Alicia" <[Alicia.Wieberg@health.mo.gov](mailto:Alicia.Wieberg@health.mo.gov)>

**Subject:** CON Application #5217 RS: Garden Villas of O'Fallon

Hi, Jon.

We are reviewing the CON application to add ALF beds to Garden Villas of O'Fallon. Additional information is needed.

1. Explain how the value of the space that would be converted was determined. Provide documentation to support the current value such as a current appraisal of the building.
2. Provide historical utilization for each of the past three years for the existing 65 beds.
3. Submit a completed Service-Specific Revenues and Expenses form for the latest three years for the existing 65 beds.
4. The population, numbers of beds and bed need calculation will be checked at a later date. If there is a question or discrepancy, you will be notified.

Please acknowledge receipt of this email message when it is received, and provide the information by August 12. If you have questions, let me know.

Thank you.

Karla

**Karla Houchins**

Program Coordinator, Certificate of Need

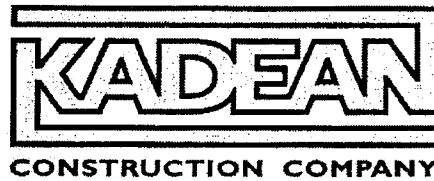
Department of Health and Senior Services

3418 Knipp Drive, P.O. Box 570

Jefferson City, MO 65102

573-751-6700

FAX: 573-751-7894



August 11, 2015

Mr. Howard Oppenheimer  
Delmar Gardens  
14805 N. Outer 40 Rd.  
Suite 300  
Chesterfield, MO 63017

RE: Garden Villas of O'Fallon – Assisted Living Wing

Mr. Oppenheimer:

The building expansion project for Garden Villas of O'Fallon that was recently completed included building one wing to be easily converted for compliance with Assisted Living standards. This wing was known as "Building DE" on the construction documents.

The approximate cost of construction for this wing was \$2,200,000.00.

If you need anything further, please don't hesitate to contact me at any time.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew Breeze", with a large checkmark at the end.

Matthew Breeze  
Principal



## Certificate of Need Program

**SERVICE-SPECIFIC REVENUES AND EXPENSES****Historical Financial Data for Latest Three Years plus  
Projections Through Three Years Beyond Project Completion**

(Use an individual form for each affected service with a  
sufficient number of copies of this form to cover entire period,  
and fill in the years in the appropriate blanks.)

	Year		
	2015 (1)	20??	20??
<b>Amount of Utilization:*</b>	12,530	0	0
<b>Revenue:</b>			
Average Charge**	\$135	\$0	\$0
Gross Revenue	\$1,691,550	\$0	\$0
Revenue Deductions	0	0	0
Operating Revenue	1,691,550	0	0
Other Revenue	0	0	0
<b>TOTAL REVENUE</b>	<b>\$1,691,550</b>	<b>\$0</b>	<b>\$0</b>
<b>Expenses:</b>			
Direct Expense			
Salaries	271,000	0	0
Fees	26,000	0	0
Supplies	126,000	0	0
Other	0	0	0
TOTAL DIRECT	<b>\$423,000</b>	<b>\$0</b>	<b>\$0</b>
Indirect Expense			
Depreciation	665,000	0	0
Interest***	0	0	0
Overhead****	503,000	0	0
TOTAL INDIRECT	<b>\$1,168,000</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL EXPENSE</b>	<b>\$1,591,000</b>	<b>\$0</b>	<b>\$0</b>
<b>NET INCOME (LOSS):</b>	<b>\$100,550</b>	<b>\$0</b>	<b>\$0</b>

\* Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

\*\* Indicate how the average charge/procedure was calculated.

\*\*\* Only on long term debt, not construction.

\*\*\*\* Indicate how overhead was calculated.

**Details for Attachment IV-3**  
**Project 5217 RS**

(1) FYE 3/31/2015 (10 months of operation only)

\*\* Average charge is based on actual per bed rate

\*\*\*\* Overhead includes all administrative, maintenance, support services and all insurance and tax expenses.

## Houchins, Karla

---

**From:** Diane Felix [DFELIX@ArmstrongTeasdale.com]  
**Sent:** Wednesday, August 12, 2015 3:04 PM  
**To:** Houchins, Karla; Wieberg, Alicia  
**Cc:** Jolene Lillis  
**Subject:** Delmar Gardens' CON Applications - Projects #5216 and 5217  
**Attachments:** #5216 RS Attachment II-8 (corrected) St. Louis County Tax Bill.pdf; #5217 RS Attachment II-8 (corrected) St. Charles County Tax Bill.pdf

Karla and Alicia,

As we were reviewing materials in both applications to respond to recent questions from your office, we noted that the site ownership documentation attachments (Attachment II-8) for the two applications were inadvertently switched in our two applications. We are submitting relabeled copies of those two applications and asking that you substitute the corrected versions in the respective applications.

Our apologies for the errors and for any inconvenience it may have caused you.

Diane



Armstrong  
Teasdale

Armstrong Teasdale LLP

Diane E. Felix | Partner

7700 Forsyth Blvd., Suite 1800, St. Louis, Missouri 63105-1847

DIRECT: 314.342.8001 | FAX: 314.612.2243 | MAIN OFFICE: 314.621.5070 | CELL: 314.706.8001

dfelix@armstrongteasdale.com

[www.armstrongteasdale.com](http://www.armstrongteasdale.com)

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**ST. CHARLES COUNTY**

Page 1 of 1

Michelle D. McBride  
 201 North Second Street, Suite 134  
 Saint Charles, MO 63301-2889  
 Phone: 636-949-7470  
 Fax: 636-949-7471  
 Website: collector.sccmo.org  
 Email: collector@sccmo.org

Received By:  
 Location:

ACo Receipt Number: U14.75843  
 Admin Bldg Receipt Year: 2014  
 Date Received: 12/31/2014

**PAYMENT RECEIPT - DUPLICATE**

Type	Description	Balance	Net Tax	Interest	Fees Penalties	Current Due	Current Paid	Balance Remaining
Real Property	Bill Number: 302901 Bill Year: 2014 PIN: T101600002 Primary Owner: GARDEN VILLAS OF OFALLON REAL ESTATE LLC Property Addr: S OUTER ROAD 364 Property Desc: PAGE) & PART B1 GeoCode: 2-0068-A670-00-000B.0000000 TAG: R2-29-11: Fort Zumwalt-Ofallon-Ofallon	305,242.99	305,242.99	0.00	0.00	305,242.99	305,242.99	0.00
Totals:		305,242.99	305,242.99	0.00	0.00	305,242.99	305,242.99	0.00
Tender Information:		Charge Summary:						
Check #477175		246,967.95	Real Property		305,242.99			
Check #13802		58,275.04						
Total Tendered		305,242.99	Total Charges		305,242.99			

**St. Charles County** Michelle D. McBride 201 North Second Street, Suite 134 Saint Charles, MO 63301-2889

By Whom Paid:

GARDEN VILLAS OF OFALLON REAL ESTATE LLC  
 14805 N OUTER FORTY RD STE 300  
 CHESTERFIELD MO 63017



BALANCE REMAINING	0.00
CHARGES	305,242.99
PAID	305,242.99
CHANGE	0.00

**Attachment II-8, Project 5217 RS**



**ST. CHARLES COUNTY**

Page 1 of 2

Michelle D. McBride  
 201 North Second Street, Suite 134  
 Saint Charles, MO 63301-2889  
 Phone: 636-949-7470  
 Fax: 636-949-7471  
 Website: collector.sccmo.org  
 Email: collector@sccmo.org

Received By:  
 Location:

Emi Receipt Number: U14.75446  
 Admin Uldg Receipt Year: 2014  
 Date Received: 12/31/2014

**PAYMENT RECEIPT**

Type	Description	Balance	Net Tax	Interest	Fees Penalties	Current Due	Current Paid	Balance Remaining																																																																
Real Property	Bill Number: 312860 Bill Year: 2014 PIN: T101600003 Primary Owner: GARDEN VILLAS OF OFALLON REAL ESTATE LLC Property Addr: S OUTER ROAD 364 Property Desc: PAGE) & PART B GeoCode: 2-113A-A670-00-00B1.0000000 TAG: R2-29-11: Fort Zumwalt-Ofallon-Ofallon	3,557.37	3,557.37	0.00	0.00	3,557.37	3,557.37	0.00																																																																
Personal Property	Bill Number: 185817 Bill Year: 2014 PIN: P1007658 Primary Owner: GARDEN VILLAS OF OFALLON LLC Property Addr: 7092 S OUTER 364 TAG: R2-29-11: Fort Zumwalt-Ofallon-Ofallon	1,644.90	1,644.90	0.00	0.00	1,644.90	1,644.90	0.00																																																																
	<table><tr><th>Cat</th><th>Year</th><th>Make</th><th>Model</th><th>VIN</th><th>Prod</th><th>Value</th><th>Qty</th></tr><tr><td>05-S</td><td>2009</td><td>FORD COM</td><td>SUPER DUTY CUBE VANS</td><td>E450CL 1FD</td><td>FE45S89DA90643</td><td>A00919</td><td>7,324</td><td>1</td></tr><tr><td>99-E</td><td>2010</td><td>MACHINER</td><td></td><td></td><td>4</td><td>475</td><td>1</td></tr><tr><td>99-E</td><td>2011</td><td>FURN &amp; FIX</td><td></td><td></td><td>2</td><td>2,392</td><td>1</td></tr><tr><td>99-E</td><td>2011</td><td>MACHINER</td><td></td><td></td><td>5</td><td>293</td><td>1</td></tr><tr><td>99-E</td><td>2012</td><td>FURN &amp; FIX</td><td></td><td></td><td>1</td><td>6,961</td><td>1</td></tr><tr><td>99-E</td><td>2013</td><td>MACHINER</td><td></td><td></td><td>3</td><td>5,327</td><td>1</td></tr><tr><td colspan="6">Total Value:</td><td>22,772</td><td>6</td></tr></table>	Cat	Year	Make	Model	VIN	Prod	Value	Qty	05-S	2009	FORD COM	SUPER DUTY CUBE VANS	E450CL 1FD	FE45S89DA90643	A00919	7,324	1	99-E	2010	MACHINER			4	475	1	99-E	2011	FURN & FIX			2	2,392	1	99-E	2011	MACHINER			5	293	1	99-E	2012	FURN & FIX			1	6,961	1	99-E	2013	MACHINER			3	5,327	1	Total Value:						22,772	6						
Cat	Year	Make	Model	VIN	Prod	Value	Qty																																																																	
05-S	2009	FORD COM	SUPER DUTY CUBE VANS	E450CL 1FD	FE45S89DA90643	A00919	7,324	1																																																																
99-E	2010	MACHINER			4	475	1																																																																	
99-E	2011	FURN & FIX			2	2,392	1																																																																	
99-E	2011	MACHINER			5	293	1																																																																	
99-E	2012	FURN & FIX			1	6,961	1																																																																	
99-E	2013	MACHINER			3	5,327	1																																																																	
Total Value:						22,772	6																																																																	

**St. Charles County** Michelle D. McBride 201 North Second Street, Suite 134 Saint Charles, MO 63301-2889

By Whom Paid:

GARDEN VILLAS OF OFALLON REAL ESTATE LLC  
 14805 N OUTER FORTY RD STE 300  
 CHESTERFIELD MO 63017



BALANCE REMAINING	0.00
CHARGES	21,898.88
PAID	21,898.88
CHANGE	0.00

**ST. CHARLES COUNTY**

Page 2 of 2

Michelle D. McBride  
 201 North Second Street, Suite 134  
 Saint Charles, MO 63301-2589  
 Phone: 636-949-7470  
 Fax: 636-949-7471  
 Website: collector.sccmo.org  
 Email: collector@sccmo.org

Received By:

Location:

Encl Receipt Number: U14.75446  
 Admin Bldg Receipt Year: 2014  
 Date Received: 12/31/2014

**PAYMENT RECEIPT**

Type	Description	Balance	Net Tax	Interest	Fees Penalties	Current Due	Current Paid	Balance Remaining
Personal Property	Bill Number: 188028 Bill Year: 2014 PIN: P1012643 Primary Owner: GARDEN VILLAS OF OFALLON REAL ESTATE LLC Property Addr: 7092 S OUTER 364 TAG: R2-29-11: Fort Zumwalt-Ofallon-Ofallon	16,696.61	16,696.61	0.00	0.00	16,696.61	16,696.61	0.00
	Cat Year Make Model VIN Prod Value Qty							
	99-E 2009 FURNITURE 2 132,676 1							
	99-E 2009 FURNITURE 4 8,534 1							
	99-E 2009 HI-TECH EC 3 11,724 1							
	99-E 2009 MACHINERY 1 47,382 1							
	99-E 2010 FURNITURE 5 16,922 1							
	99-E 2010 HI-TECH EC 6 2,704 1							
	99-E 2010 MACHINERY 7 11,052 1							
	99-E 2011 FURN & FIX 8 152 1							
	<b>Total Value:</b>						<b>231,146</b>	<b>8</b>
**** THANK YOU FOR YOUR PAYMENT ****								
If BALANCE REMAINING - check website or call for current amount. **Postmark determines payment date. **								
Late Payment Penalties & Interest are assessed by State Law Sections 52.290, 139.100, 140.100 RSMo								
	Totals:	21,898.88	21,898.88	0.00	0.00	21,898.88	21,898.88	0.00
Tender Information:		Charge Summary:						
Check #477176		21,898.88	Real Property				3,557.37	
			Personal Property				18,341.51	
Total Tendered		21,898.88	Total Charges				21,898.88	

## Houchins, Karla

---

**From:** Houchins, Karla  
**Sent:** Tuesday, August 18, 2015 9:28 AM  
**To:** 'Jonathan F. Dalton'  
**Subject:** CON Proposal #5217 RS: Garden Villas of O'Fallon  
**Attachments:** #5217 RS - Population.pdf

Jon;

For CON project #5217 RS: Garden Villas of O'Fallon, we arrived at a projected 65+ population of 95,452. See the attached spreadsheet.

We also found a total of 2,123 existing beds (1,655 Licensed and 468 CON Approved) ALF/RCF beds for the 15 mile radius. These facilities should not be included: Autumn View Gardens at Schuetz with 100 ALF beds; Calais Manor with 44 ALF beds; Cedars of Town and Country with 22 RCF beds; Dolan Residential Care Centers-Frontier Manor with 10 ALF beds; Dolan Residential Care Centers Villa Manor with 10 ALF beds; MH Brookview with 44 approved beds; Schuetz Manor with 10 ALF beds; and Hallmark Creve Couer with 46 ALF beds. Also, Lutheran Senior Services at Breeze Park (600 Breeze Park Dr., St. Charles, 63304) with 79 ALF beds is within the radius and should be included.

Therefore, we arrived at an unmet bed need of 263 beds in the area  $(95,452 \times .025) - 2,123$ . Please let me know right away if you have questions.

Thank you.

### **Karla Houchins**

Program Coordinator, Certificate of Need  
Department of Health and Senior Services  
3418 Knipp Drive, P.O. Box 570  
Jefferson City, MO 65102  
573-751-6700  
FAX: 573-751-7894  
EMAIL: [karla.houchins@health.mo.gov](mailto:karla.houchins@health.mo.gov)  
<http://health.mo.gov/information/boards/certificateofneed/index.php>

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MISSOURI SENATE

MISSOURI STATE CAPITOL BUILDING  
201 W. CAPITOL AVE., ROOM 226  
JEFFERSON CITY, MISSOURI 65101

SENATOR ROBERT F. (BOB) ONDER, JR.  
DISTRICT 2

CERTIFICATE OF NEED PROGRAM

AUG 19 2015

RECEIVED

PHONE: (573) 751-1282

FAX: (573) 526-4766

EMAIL: BOB.ONDER@SENATE.MO.GOV

August 12, 2015

Ms. Karla Houchins  
Certificate of Need Program  
P.O. Box 570  
Jefferson City, Missouri 65102

Dear Ms. Houchins,

This letter is to express my strong support of the plan by the Garden Villas of O'Fallon to covert 30 of their existing independent living beds to assisted living beds.

The Garden Villas of O'Fallon provides a safe and comfortable home to many residents in St. Charles County. Some of those residents have expressed the need for additional services than are currently provided in their independent living apartments. The proposal before you would convert those independent living apartments into a setting where assisted living services are provided. That conversion allows residents to receive additional services while remaining in the same location, thereby allowing them to remain in comfortable environment near friends and family in the community.

I fully support this proposal and respectfully ask that the Missouri Health Facilities Review Committee approve the Garden Villas of O'Fallon project #5217 RS. Thank you in advance for your thoughtful consideration and support.

Sincerely,

Robert F. (Bob) Onder, Jr.

**CAPITOL OFFICE**  
State Capitol  
201 West Capitol Avenue  
Jefferson City, MO 65101-6806  
Phone: 573-751-9768  
Kurt.Bahr@house.mo.gov

Legislator Assistant  
Nina Dean  
Nina.dean@house.mo.gov



**COMMITTEES**  
Chairman-Appropriations  
Elementary and Secondary  
Education

Member  
Budget  
Emerging Educational Issues  
Select Standing Committee on  
Social Services

**Kurt M. Bahr**  
State Representative  
District 102

August 10, 2015

Ms. Karla Houchins  
Certificate of Need Program  
P.O. Box 570  
Jefferson City, MO 65102

**RE: Garden Villas of O'Fallon  
Project No. 5217 RS**

Dear Ms. Houchins,

This letter is to express my support of the project at Garden Villas of O'Fallon to convert 30 of their existing independent living beds to assisted living beds.

This proposed conversion would serve the existing residents of independent living apartments in Garden Villas of O'Fallon (a part of the Delmar Gardens campus in O'Fallon) who are seeking assisted living services and would like to remain at the same location. The proposed conversion of these independent living apartments would allow existing residents, who are in need of more services than can be provided in their current setting, the opportunity to remain in a familiar and comfortable environment where they have developed friendships and are close to family and friends in the community.

Accordingly, I support this proposal and respectfully ask that the Missouri Health Facilities Review Committee approve the Garden Villas of O'Fallon project #5217 RS. Thank you in advance for your consideration and support.

Sincerely,

A handwritten signature in black ink, appearing to read "Kurt M. Bahr", is written over a horizontal line.

Kurt M. Bahr  
Missouri State Representative, District 102

CERTIFICATE OF NEED PROGRAM  
AUG 17 2015  
RECEIVED